

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2000 8:00 am  
Secretary of State

02-19-2000 90005 031 \*\*\*150.00

A0019520



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000009462

1. Entity Name

J. C. CANTOR, P.A.

Principal Place of Business

Mailing Address

3230 STIRLING ROAD  
HOLLYWOOD FL 33021

3230 STIRLING ROAD  
HOLLYWOOD FL 33021-2041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0721781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JERALD C. CANTOR  
Street Address (P.O. Box Number is Not Acceptable)

3230 Stirling Rd

Hollywood

City

FL

Zip Code  
33021

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

*J. C. Cantor*

PRESIDENT

1/14/00  
DATE

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution? ☒

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CANTOR, JERALD C	
STREET ADDRESS	3230 STIRLING ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*J. C. Cantor* PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/00

Daytime Phone #

954-966-3900

CR2E034 (9/99)